

CLAIMANT'S NAME R. Steven Tharratt, M.D., MPVM			SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION Director		CB/ID No.	DIVISION or BUREAU EMS Authority			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER (916) 322-4336
CITY El Dorado Hills	STATE CA	ZIP CODE 95672	CITY Sacramento	STATE CA	ZIP CODE 95811	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)  LODGING	(8) MEALS			(9)  INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
12/7	630	El Dorado Hills to Santa Ana		6.00	10.00	18.00			PC/RC	9.00	42.00	23.10		66.10
	2100	Return									42.00	23.10		23.10
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	6.00	10.00	18.00	0.00	0.00		9.00	84.00	46.20	0.00	89.20
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$89.20

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend and address the Trauma Advisory Committee (TAC) regarding Regional Trauma Coordinating Committee (RTCC) involvement.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I have read and understand the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California to vehicle safety and seat belt usage.

CLAIMANT

DATE

12/10/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL INSTRUCTIONS

SEE (See Item 17 on reverse)

DATE